MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP ( ) IE ( ) IC	**Response Timely Filed?** ( ) Yes (x) No
Requestor's Name and Address Memorial Hermann Hospital System 3200 S.W. Freeway Suite 2200 Houston, Texas 77027	MDR Tracking No.: M4-04-1652-01 TWCC No.: Injured Employee's Name:
Respondent's Name and Address SOUTHERN INSURANCE CO PO BOX 26655 AUSTIN TX 787550655 Box 43	Date of Injury: Employer's Name: CAP CORP Insurance Carrier's No.: 000164212

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
11-08-02	**11-13-02**	**Surgical Admission**	**$36,934.31**	**$18,958.70**

PART III: REQUESTOR'S POSITION SUMMARY

"The claimant's employer pre-approved the hospitalization (see letter from Gail Purvis dated October 31, 2002. My client had no reason to question the validity of this preauthorization and Ms. Purvis clearly indicated that she was authorized to approve the hospitalization. Irrespective, the hospitalization and surgery were in fact medically necessary and the charges exceed the stop loss threshold for reimbursement at 75% of billed charges".

PART IV: RESPONDENT'S POSITION SUMMARY

No response was found in the case file.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to inpatient services provided in hospital setting with reimbursement subject to the provisions of Rule 134.401 (Acute Care Inpatient Hospital Fee Guideline). The hospital has requested additional reimbursement according to the stop-loss method contained in that rule. Rule 134.401(c)(6) establishes that the stop-loss method is to be used for "unusually costly services." The explanation that follows this paragraph indicates that in order to determine if "unusually costly services" were provided, the admission must not only exceed $40,000 in total audited charges, but also involve "unusually extensive services."

After reviewing the documentation provided by the provider, it does **not** appear that this particular admission involved "unusually extensive services." Accordingly, the stop-loss method does not apply and the reimbursement is to be based on the per diem plus carve-out methodology described in the same rule.

The total length of stay for this admission was five (5) days (consisting of 5 days for surgical). Accordingly, the standard per diem amount due for this admission is equal to $5,590.00 (5 times $1,118.00). In addition, the hospital is entitled to additional reimbursement for (implantables/MRIs/CAT Scans/pharmaceuticals) as follows:

An invoice from Darby Dental Supply Co. Inc in the amount of $26.46 X 110% = $29.11
An invoice from Synthes in the amount of $7,326.22 X 110% = $8,058.84
An invoice from Synthes in the amount of $1,386.00 X 110% = $1,524.60
An invoice from Musculoskeletal Transplant Foundation in the amount of $1,179.68 X 110% = $1,297.65

An invoice from BARD in the amount of $2,235.00 X 110% = $2,458.50

The carrier has made no reimbursement to the provider.

Based on the facts of this situation, the parties' positions, and the application of the provisions of Rule 134.401(c), we find that the health care provider is entitled to a reimbursement amount for these services equal to $18,958.70.

PART VI: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to reimbursement in the amount of $18,958.70. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20 days of receipt of this Order.

Ordered by:

	Allen McDonald	03-30-05
Authorized Signature	Typed Name	Date of Order

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____